

The 8th International Conference on Women's Health; Women's Mental Health

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1. Purpose of the Meeting

Health is the most essential part of social welfare which depends on socioeconomic conditions other than medical interventions. While health is one of the pivotal concepts of sustainable development, mental health is one of the most important of its components (1). Mentally healthy individuals are able to perform their daily activities, communicate with their family members and environment, and behave in accordance with their culture and society (2).

As a principle health index in societies, mental health has attracted the attention of psychologists, psychotherapists, and other social and behavioral scientists (2).

Women make up half of the world's population and raise the other half. While women are an integral part of societies, their diverse roles put them at a higher risk of psychological issues (3). Due to their emotional sensitivities, women are more susceptible to psychological traumas. Although women live longer than men, they run a greater risk of mental disorders such as depression and anxiety and appetite disorders. Besides, children of mothers with mental disorders are more susceptible to mental problems such as depression and failure in education (4).

Mental and behavioral diseases are major disease burdens. In 1990, it was estimated that mental and neurological disorders accounted for 10% of the total Disability-Adjusted Life Years (DALYs); it was further estimated that by 2020, the burden of these disorders would reach 15%. As a mental disorder, depression was

the fourth major cause of disease burden in 1990, and it is predicted to be the second cause following ischemic heart disease in 2020. Studies have shown that in Iran, the prevalence of mental and behavioral disorders has been increasing over the recent years (3, 4).

Of note, many countries around the world are faced with different kinds of psychosocial diseases, and this increasing trend makes prevention a priority (5). It is worth mentioning that to prevent these disorders, various personal, familial, cultural, social, and economic factors have to be identified to provide a healthier future generation. Therefore, we decided to place the focus of the 8th international women's health conference on mental health. The conference was held on December 4-5, 2019 in the Academy of Medical Sciences, Tehran, Iran.

2. Summary of the 8th Conference

The 8th conference on women's health was the collaboration of Health Policy Research Center, affiliated with Shiraz University of Medical sciences, and Health Promotion and Women's Health workgroup affiliated with the Academy of Medical Sciences. It is believed that we must move towards promoting and broadening women's health issues beyond the sole reproductive and sexual rights. Through a coordinated action, which has involved all concerned stakeholders including governmental health, social, and economic sectors, local authorities and stakeholders, industries, NGOs, volunteers, and the media

Aiming to enhance women's mental health, the conference had three priorities: 1) family cohesion and

lifestyle, 2) vulnerable women, and 3) resilience.

3. Authorities and Participants

The conference was a great success in bringing together local and national policy makers along with national and international experts in this field. Given the feedbacks received from the participants of the prior seven conferences, the Health Policy Research Center (HPRC) was motivated to hold "The 8th International Conference on Women's Health". This conference was the collaboration of Shiraz University of Medical Sciences, Academy of Medical Sciences, Scientific and Cultural Organization (ISESCO), UCLA Charles Drew, Tehran University of Medical Sciences, Iran University of Medical Sciences, Family and Woman Research Center, Legal Vice-Presidency, University and Hawzeh Research Institute, State Welfare Organization, Sooreh University.

4. Sessions and Speeches

Out of the 543 abstracts on women's mental health submitted to the conference secretariat. 349 were accepted after peer reviewing. In the opening ceremony, Dr. Maharlouie, the scientific secretary of the conference, presented a brief report on the goals and process of the conference. According to Dr. Maharlouie, since the first conference held in 2012, the focus has been on interdisciplinary thinking and providing opportunities for exchanging ideas in different areas (6, 7). She also stated that mental health had a major impact on individuals' quality of life, particularly women, hence selected, by women health experts, as a special topic in the current conference.

Dr. Lankarani, the chairman of the conference, gave a lecture on the measures taken to improve women's mental health. He went on to underscore the necessity of improving the mental health of women owing to their essential role in the family and community. While the majority of mental disorders are caused under ostensibly trivial conditions such as long term exposure to environmental stressors, it is necessary to dedicate more attention to the wide range of mental health issues and avoid thinking in extremes.

Dr. Marandi, the Head of the Academy of Medical Sciences of the Islamic Republic of Iran, lectured on the role of policymakers in promoting women's mental health. Afterwards, he spoke about healthcare which could enhance women's health including free access to:

- Screening tests available for common women's

cancer,

- Treatment of common non-communicable diseases including diabetes, hypertension, and cardiovascular diseases.

Ultimately, he added that training and preparation of healthcare staff as well as addressing social health factors (SDH) were essential to improving women's mental health.

Dr. Noorbala, professor of psychiatry in Tehran University of medical sciences, lectured on the mental health status of Iranian women. His suggestions and strategies for improving women's mental health were as follows:

- Gathering baseline information on women's mental health and regularly monitoring these changes
- Teaching life skills to women in the form of workshops or general courses
- Implementing preventive measures in specific crises of women's lives such as pregnancy and childbirth (education, warning, and social support)
- Reinforcing laws that improve the status of women in society
- Avoiding any behavioral, financial, and cultural behaviors that might be associated with gender discrimination in women
- Meeting the needs of women to access more job opportunities and improving their economic status
- Comprehensive support of women, particularly those who are the head of household, including single, widowed, and divorced women
- Strengthening familial connections and minimizing the harms of marital relationships
- Implementing measures to deal with menopausal problems and premature aging in women (prognosis, predetermined planning, and so forth)
- Taking measures to rejuvenate and create satisfying entertainment for housewives
- Minimizing the atmosphere of excitement, sadness, and anger in the community and the family

- Regular screening of female communities
- Identifying patients and taking actions for their early treatment
- Understanding, empathizing with, and helping couples in critical situations
- Understanding, empathizing with, and helping administrative officials with women working under specific circumstances
- Avoiding stigma
- Actively supporting women with mental health problems
- Financially supporting psychological services for counseling and psychological and psychiatric services for women
- Supporting and encouraging women to participate in and implement philanthropic and charitable programs
- Financially supporting fertility, pregnancy, breastfeeding, childbearing
- Continuously celebrating the women's service, dedication, and loyalty
- Observing justice and equality in relationships with women at all familial levels, nationally and internationally
- Promoting and implementing self-care programs for women
- Fulfilling the desires of women to create a safe and peaceful environment free from tension, anger, and aggression in the home and community
- Promoting and implementing self-care programs for women

Dr. Sadri, head of the regional office of Islamic Educational, Scientific and Cultural Organization (ISESCO), presented ISESCO messages about women's mental health. He emphasized the need to develop theoretical laws on women's health and a conceptual model for it. According to him, the cause of mental trauma in women is a decline in social wealth that has unpleasant consequences. He cited factors such as trust, support and social cohesion, social networks,

Islamic identity, and participation of women at micro- and macro-levels as effective factors in reducing mental trauma in women.

In the first panel, four lecturers gave their presentations. The title of the first panel was "Family cohesion and life style."

Dr. Bazargan, the professor of Sociology at UCLA Charles R. Drew University, delivered his presentation on the analysis of east and west life patterns in comparison with the mental and spiritual health domains in the context of family.

On the second day of conference, the second panel was held regarding vulnerable women.

Dr. Zafarghandi presented his speech about addiction in women and the obstacles ahead. He said that addiction knew no borders and although its prevalence was higher in men, women were harmed more due to reasons such as cultural and economic issues. According to Dr. Zafarghandi, "The prevalence of drug addiction in women is 10%, which is a serious alarm for our country because women play pivotal roles in the Iranian family". Among the cultural causes of drug addiction in women, the most important could be social stigma, lack of awareness, and negative attitude towards addicted women. He went on to add "There are many challenges in the treatment of addicted women such as the masculinity of the addiction treatment structure in Iran, lack of rehabilitation centers for women, serious employment problems after treatment and the risk of abuse and relapse, the existence of addicted and unemployed men forcing their wives to become prostitutes, unwanted pregnancies, and treatment of pregnant mothers".

Finally, to address the challenges of this issue, he stated "We need to consult with experts, policymakers, planners, and authorities to change the country's law regarding drug addiction and facilitate their treatment".

Dr. Aziz-mohammadi spoke about the right of the vulnerable women for mental health. She went on to say that paying attention to the mental health of these women might not have significant effects in the short run; however, in the long run, it can improve women's health in society and community.

Dr. Dibaji presented her lecture entitled "analytical approach to the factors creating marginalized groups". She stated that women who were breadwinners were the

poorest of the poor; this poverty is exacerbated due to gender reasons, reflecting the feminization of poverty. The reasons behind a woman becoming a breadwinner include the death of a spouse, poor custody, divorce, and no remarriage. Independent female-headed household is a recent phenomenon in Iran, mainly supported by Imam Khomeini Relief Foundation and social security organization.

Dr. Ahmadi stated that addiction knew no borders and was more prevalent in men; however, due to various reasons, especially cultural and economic issues, it commonly inflicts more damage on women. The prevalence of drug addiction in women is 10 %, which is a serious threat for our country because Iranian women are pillars of Iranian families.

In the last panel, which was on resilience, the first lecturer, Dr. Hedayati, provided the concept of resilience and its common patterns. She described resilience as an acquired skill which help people take care of themselves in harsh and traumatic conditions, so that their health would not be compromised. Dr. Hedayati mentioned that people differ in terms of resilience, which vary over time in each person. According to Dr. Hedayati social factors and social participation are also effective on resilience.

The conclusion of this panel was presented by the head of the panel, Dr. Hassan Joulaei, as follows: Dr. Hedayati stated that resilience is a timeless issue. If you want to raise resilient kids, consider gender differences. Parents should be aware and resilient when the elderly face various crises. Dr. Ayneh-chi discussed the concept of resilience and its models, stating that these models have shortcomings and that evidence-based divine religions can certainly help expand this concept and resilient individuals and societies. We have not used much of this treasure that is Islam religion.

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Conflict of interest

The authors declared no conflict of interest.

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